

Case Number:	CM15-0009132		
Date Assigned:	01/27/2015	Date of Injury:	06/22/2007
Decision Date:	03/18/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/15/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 54-year-old female sustained a work-related back injury on 6/22/2007. Diagnoses include left lower extremity radiculopathy, low back pain, lumbar post laminectomy syndrome, regional myofascial pain and chronic pain syndrome. Previous treatments include medications, walking program, use of a cane, heat, massage therapy, acupuncture and rest. The treating provider requests Carisoprodol 250 mg #30, one refill. The Utilization Review on 1/6/2015 modified the request for Carisoprodol 250 mg #30, one refill to Carisoprodol 250 mg #15 with no refills. Reference cited was CA MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma).

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Carisoprodol 250 mg # 30, one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines carisoprodol Page(s): 29.

Decision rationale: No, the request for Soma (carisoprodol) was not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. Here, the 30-tablet, one-refill supply of carisoprodol at issue does imply chronic, long-term, and schedule usage. Such usages, however, is incompatible with page 29 of the MTUS Chronic Medical Treatment Guidelines, particularly in light of the fact that the applicant is concurrently using a variety of opioid agents including Duragesic, Norco, Suboxone, etc. Therefore, the request was not medically necessary.